

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-01-10	Appendix 1	8 16 32  51 52	<ul style="list-style-type: none"> <li>Edit code 202: added information to Resolution section</li> <li>Edit codes 421 and 424 deleted</li> <li>Edit code 733 information updated in Resolution section: “Adjust the net charge in field” changed from 26 to 29</li> <li>Deleted edit code 959</li> <li>Deleted edit codes 962 and 963</li> </ul>
11-01-10	TPL Supplement	3, 8, 13-14, 18-19  6, 15-17	<ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest</li> <li>Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle</li> </ul>
10-01-10	1	-  1 7  10	<ul style="list-style-type: none"> <li>Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>Updated Program Description section</li> <li>Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest</li> <li>Updated Freedom of Choice section</li> </ul>
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Managed Care	-	<ul style="list-style-type: none"> <li>Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010</li> </ul>

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Date	Section	Page(s)	Change
	Supplement	1 2 3 4 5 6 13 17	<ul style="list-style-type: none"> <li>– Changes to the Healthy Connections Kids (HCK) Program</li> <li>• Updated Managed Care Overview</li> <li>• Updated Managed Care Organizations and Core Benefits paragraphs</li> <li>• Updated MCO Program ID card paragraph</li> <li>• Updated MHN Program ID card paragraph</li> <li>• Updated Core Benefits</li> <li>• Updated Exempt Services</li> <li>• Updated Overview</li> <li>• Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph</li> </ul>
09-01-10	3	18 19 36	<p>Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest:</p> <ul style="list-style-type: none"> <li>• Companion Guides</li> <li>• South Carolina Medicaid Web-based Claims Submission Tool</li> <li>• Claim-Level Adjustments</li> </ul>
09-01-10	5	5 8 11	<ul style="list-style-type: none"> <li>• Removed County Commissioner’s Building from the Aiken County address</li> <li>• Deleted Dorchester County physical address telephone number</li> <li>• Removed Highway 28 N from the McCormick County address</li> </ul>
09-01-10	Appendix 1	9 -	<ul style="list-style-type: none"> <li>• Added edit code 225</li> <li>• Removed all references to the ADA Claim in the Resolution column</li> </ul>
09-01-10	TPL Supplement	12 13 18	<ul style="list-style-type: none"> <li>• Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information</li> <li>• Updated the Web-Submitted Claims section with the exception to Dental claims</li> <li>• Updated the TPL Resources section to include the DentaQuest contact information for TPL questions</li> </ul>

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Date	Section	Page(s)	Change
08-01-10	5	5, 8, 11-13 6	<ul style="list-style-type: none"> <li>Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties</li> <li>Updated the address for Barnwell County</li> <li>Updated the telephone number for Beaufort County</li> </ul>
08-01-10	Appendix 1	20 51, 52  59	<ul style="list-style-type: none"> <li>Deleted edit code 520</li> <li>Deleted Provider Enrollment e-mail address from codes 941 and 944</li> <li>Changed resolution for edit code 994</li> </ul>
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Appendix 1	32 35	<ul style="list-style-type: none"> <li>Updated edit code 714</li> <li>Updated edit code 738</li> </ul>
07-01-10	Appendix 2	21, 22, 25, 63, 89	Changed First Health to Magellan Medicaid Administration
06-01-10	Managed Care Supplement	1 3  17  20, 23, 25	<ul style="list-style-type: none"> <li>Updated Managed Care Overview section</li> <li>Updated Manage Care Organization (MCO), Core Benefits section</li> <li>Updated the Managed Care Disenrollment Process, Overview section</li> <li>Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change</li> </ul>
05-01-10	5	1	<ul style="list-style-type: none"> <li>Removed reference to sample form at the end of this section</li> <li>Replaced reference to sample form is in the Forms section of this manual</li> </ul>
03-01-10	Cover	-	Replaced the manual cover
03-01-10	Change Control Record	1	Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 and section 3 entries dated 12-01-09
03-01-10	3	1, 3	Removed modem as an electronic claims

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Date	Section	Page(s)	Change
			transmission method
02-01-10	Appendix 1	13 36	<ul style="list-style-type: none"> <li>Added New Edit Codes 356,357 and 358</li> <li>Updated Edit Code 738</li> </ul>
02-01-10	Appendix 2	All	Updated Carrier Code List
01-01-10	5	5  10  12	<ul style="list-style-type: none"> <li>Updated Physical Address for Allendale County Office</li> <li>Replaced Jasper County DSS with Jasper County DHHS</li> <li>Replaced Orangeburg County DSS with Orangeburg County DHHS</li> </ul>
01-01-10	Appendix 1	49	Updated Edit Code 932
12-01-09	1	8  25	<ul style="list-style-type: none"> <li>Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package</li> <li>Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009</li> </ul>
12-01-09	3	1-2 17-25	<ul style="list-style-type: none"> <li>Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009</li> <li>Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package</li> </ul>
12-01-09	5	8	Updated the Dorchester County office street address
12-01-09	Appendix 1	- - 18, 19 20	<ul style="list-style-type: none"> <li>Replaced CARC 17 with CARC 16</li> <li>Updated CARC A1</li> <li>Updated codes 509 and 510</li> <li>Added code 533</li> </ul>
11-01-09	Appendix 2	All	Updated carrier code list
10-01-09	1	3-4	<ul style="list-style-type: none"> <li>Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare</li> </ul>

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Date	Section	Page(s)	Change
		4-6	Beneficiaries (QMBs)
		26	<ul style="list-style-type: none"> <li>Updated SC Medicaid Healthy Connections language throughout section</li> <li>Updated South Carolina Medicaid Bulletins and Newsletters</li> <li>Changed heading to Medicare Cost Sharing</li> </ul>
10-01-09	5	10	<ul style="list-style-type: none"> <li>Updated physical address for Jasper County office</li> </ul>
		11	<ul style="list-style-type: none"> <li>Updated telephone number for Lexington County office</li> </ul>
		12	<ul style="list-style-type: none"> <li>Updated zip codes for Orangeburg County office</li> </ul>
10-01-09	Appendix 1	3	<ul style="list-style-type: none"> <li>Updated edit code 065</li> </ul>
		60	<ul style="list-style-type: none"> <li>Updated edit code 852</li> </ul>
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	Managed Care Supplement	21	<ul style="list-style-type: none"> <li>Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009</li> </ul>
		20, 25	<ul style="list-style-type: none"> <li>Updated Absolute Total Care entries as following:               <ul style="list-style-type: none"> <li>Changed the company's name to Absolute Total Care</li> <li>Replaced the beneficiary card samples</li> <li>Corrected contact information</li> </ul> </li> </ul>
08-01-09	5	14	Updated telephone number for York County office
08-01-09	Appendix 1	3	Updated edit code 062
08-01-09	Appendix 2	-	Updated carrier code list
07-01-09	5	6, 12	<ul style="list-style-type: none"> <li>Updated address for Bamberg and Orangeburg County offices</li> </ul>
		8	<ul style="list-style-type: none"> <li>Updated office zip code for Darlington County</li> </ul>
		9	<ul style="list-style-type: none"> <li>Updated telephone number for Fairfield County office</li> </ul>
06-01-09	TPL	19	Updated Department of Insurance Web site address

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Date	Section	Page(s)	Change
	Supplement		
05-01-09	1	1-6, 11 2 3  5  28-33	<ul style="list-style-type: none"> <li>Updated to reflect managed care policies and procedures effective May 1, 2009</li> <li>Updated the Eligibility subsection</li> <li>Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection</li> <li>Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection</li> <li>Updated the Medicaid Program Integrity subsection</li> </ul>
05-01-09	5	13	Updated telephone number for Union County office
05-01-09	Appendix 1	43	Deleted edit code 694
05-01-09	Appendix 2	-	Updated list of carrier codes
05-01-09	Managed Care Supplement	-	Updated supplement to include general policies and procedures effective May 1, 2009
04-01-09	1	2, 3, 8	Updated hyperlinks
04-01-09	3	4-6, 17, 18, 23, 31, 34	Updated hyperlinks
04-01-09	5	11	Updated telephone number for Lexington County office
04-01-09	Forms	-	Added new Medicaid Hospice Prior Authorization form (DHHS Form 419A)
03-01-09	5	3-4 5  8  5, 11-13	<ul style="list-style-type: none"> <li>Updated hyperlinks</li> <li>Updated Allendale County office PO Box zip code (From 02/01/09 updates)</li> <li>Corrected Dorchester County's Orangeburg Road telephone number</li> <li>Change DSS to DHHS in addresses for</li> </ul>

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Date	Section	Page(s)	Change
			Abbeville, McCormick, Newberry, and Saluda counties
03-01-09	Forms	-	<ul style="list-style-type: none"> <li>Updated Authorization Agreement for Electronic Funds Transfer (EFT) form (From 02/01/09 updates)</li> <li>Corrected spelling in the following forms: SCDHHS Form 149, 152, 153, 154</li> </ul>
03-01-09	Appendix 1	43 72	<ul style="list-style-type: none"> <li>Added new edit codes 693 and 694</li> <li>Changed edit code 945 Resolution to input "26" modifier in field 18</li> </ul>
03-01-09	Appendix 2	-	Updated list of carrier codes
03-01-09	Managed Care Supplement	1, 7, 10, 17, 23, 25-30, 35	Updated hyperlinks
03-01-09	TPL Supplement	8, 9, 19	Updated hyperlinks
01-01-09	5	11	Updated Lee County office address
12-01-08	Forms	-	Revised DHHS Form 152
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	3	21, 23	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
10-01-08	2	25	Updated reimbursement rate from 95% to 98%
10-01-08	3	25	Changed ECF field 1 to Prov/Xwalk ID
10-01-08	5	9, 13	<ul style="list-style-type: none"> <li>Updated address for Lake City</li> <li>Updated phone number for Sumter County office</li> </ul>
10-01-08	Forms	-	Revised ECF example to show update for field 1
10-01-08	Appendix 1	-	Updated edit codes 007, 059, 112, 219, 308, 339,

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Date	Section	Page(s)	Change
			386, 403, 710, 722, 786, 798, 799, 843, 844, 845, 912, 914, 928, 941, 942, 943, 945, 952
10-01-08	2	25	Updated reimbursement rate from 95% to 98%
09-01-08	5	6	Updated phone number for Berkeley County office
09-01-08	5	10	Updated phone number for Kershaw County office
09-01-08	Appendix 1	17	Added Edit Code 318
08-01-08	Appendix 1	3	Updated Edit Code 062
08-01-08	5	7	Deleted PO Box for Chester County
07-01-08	5	11	Deleted PO Box for Lancaster County
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-01-08	3	6, 14, 16, 17, 22	Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers
06-01-08	5	12	Updated telephone number for Orangeburg county office
06-01-08	Form	-	<ul style="list-style-type: none"> <li>Deleted sample claim form showing NPI and Medicaid Provider ID</li> <li>Updated the following forms instructions to reflect May 23, 2008, deadline requiring NPI only: DHHS Form 149, DHHS Form 152, DHHS Form 153, DHHS Form 154</li> </ul>
06-01-08	Appendix 1	30, 39, 42	<ul style="list-style-type: none"> <li>Added new edit code 529</li> <li>Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692</li> </ul>
06-01-08	TPL Supplement	-	Updated Example Dental Claim Form Reporting Third-Party for Medicare Information to show NPI only; change/removed sample entries for fields 8, 15,



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Date	Section	Page(s)	Change
			23, and 49; and added a tooth number to line 4
05-01-08	Managed Care Supplement	-	Revised supplement to include general policies and procedures effective May 1, 2008 and updated the SCDHHS-approved MCO contractors section
04-01-08	5	8	Updated address and phone number for Dorchester County office
04-01-08	Appendix 1	4, 13, 20, 33	Added new edit codes 062, 219, 339, 528
04-01-08	TPL Supplement	2 3, 8, 15 12 29	<ul style="list-style-type: none"> <li>Updated reference to Medicaid card name</li> <li>Changed references to location of forms from Section 5 to Forms section</li> <li>Updated field numbers for occurrence codes on UB-04</li> <li>Replaced sample ADA form with more attractive version</li> </ul>
03-01-08	1	3-5 7	<ul style="list-style-type: none"> <li>Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information.</li> <li>Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable</li> </ul>
03-01-08	3	6-19 All	<ul style="list-style-type: none"> <li>Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims for typical providers (with or without Medicaid legacy number).</li> <li>Standardized formatting</li> </ul>
03-01-08	Forms	-	Replaced Form 931 with new version dated January 2008
03-01-08	Appendix 1	59 70	<ul style="list-style-type: none"> <li>Added edit code 808</li> <li>Revised edit code 943 description and status (from warning to active)</li> </ul>
03-01-08	TPL Supplement	9	<ul style="list-style-type: none"> <li>Added information on carrier code “CAS” for open casualty cases</li> </ul>

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Date	Section	Page(s)	Change
		21-22	<ul style="list-style-type: none"> <li>Replaced Form 931 samples with new versions</li> </ul>
02-01-08	3	9 27, 30 43	<ul style="list-style-type: none"> <li>Corrected instructions for field 10b</li> <li>Standardized references to six-character legacy provider number</li> <li>Corrected mailing address for refunds</li> </ul>
02-01-08	5	1	Removed “including Partners for Health” from first paragraph
02-01-08	Forms	-	Corrected mailing address for Medicaid Refunds Form 205
01-01-08	5	10	Updated address for Lancaster County office
01-01-08	Managed Care Supplement	1 3	<ul style="list-style-type: none"> <li>Removed PhyTrust from the list of MHNs</li> <li>Added Carolina Crescent to the list of MCOs</li> </ul>
11-01-07	5	9, 10 10	<ul style="list-style-type: none"> <li>Updated telephone numbers for Florence and Kershaw counties</li> <li>Updated Horry County address to 1601 11<sup>th</sup> Ave., 1<sup>st</sup> Floor</li> </ul>
11-01-07	Appendix 1	All	<ul style="list-style-type: none"> <li>Corrected ECF field numbers throughout edit resolution instructions</li> <li>Added new edit code 107</li> </ul>
11-01-07	Appendix 2	All	Updated list of carrier codes
10-01-07	1	1-2 3 4 12 15 25	<ul style="list-style-type: none"> <li>Removed PEP information</li> <li>Added information about managed care enrollment broker and Managed Care Supplement</li> <li>Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement).</li> <li>Clarified that “days” refers to business days</li> <li>Clarified which sections of manual may contain PA information</li> <li>Expanded provider list under Program Integrity</li> </ul>

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Date	Section	Page(s)	Change
10-01-07	3	11, 43	<ul style="list-style-type: none"> <li>Removed PEP information</li> <li>Added 90-day time limit for reversing refunds</li> </ul>
10-01-07	Appendix 1	26 38-40, 43, 70	<ul style="list-style-type: none"> <li>Corrected description for edit code 502</li> <li>Added NPI warning edits 578-583, 692, 943</li> </ul>
10-01-07	-	-	Added Managed Care Supplement
10-01-07	TPL Supplement	15-17	<ul style="list-style-type: none"> <li>Added 90-day time limit for reversing refunds</li> <li>Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare</li> </ul>
07-01-07	1	All	Revised policies and procedures throughout section
07-01-07	Forms	-	Updated DHHS Form 205
07-01-07	Appendix 2	-	Updated list of carrier codes
06-01-07	2	1, 2, 3, 12	Changed references to location of forms from "Section 5" to "Forms section"
06-01-07	3	-	Removed Time Restricted Supplement
06-01-07	3	All	<ul style="list-style-type: none"> <li>Updated form completion instructions for new CMS-1500 and Form 130 versions</li> <li>Updated ECF and RA descriptions</li> <li>Added information about National Provider Identifier</li> <li>Replaced Reference to Forms 110 and 120 with Form 115</li> <li>Clarified retroactive eligibility policy</li> <li>Updated ECF correction instructions</li> <li>Added CPT and HCPCS ordering information</li> <li>Made minor editorial changes throughout section</li> </ul>
06-01-07	5	3-4  6-8	<ul style="list-style-type: none"> <li>Revised "Procurement of Forms" to address new CMS-1500 version and updated vendor information</li> <li>Added toll-free number for Berkeley, Charleston, and Darlington county offices</li> </ul>

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Date	Section	Page(s)	Change
		12 -	<ul style="list-style-type: none"> <li>Updated phone number for Oconee County</li> <li>Split forms and exhibits from Section 5 to create separate Forms section</li> </ul>
06-01-07	Forms	-	<ul style="list-style-type: none"> <li>Updated DHHS forms to add National Provider Identifier field</li> <li>Updated sample claims to new CMS-1500 version</li> <li>Updated ECF and remits to new versions</li> </ul>
06-01-07	Appendix 1	-	Updated list of edit codes
06-01-07	TPL Supplement	All	<ul style="list-style-type: none"> <li>Updated all sample forms and claims with new versions</li> <li>Updated form completion instructions to match new form versions</li> </ul>
05-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	5	8	Updated phone number for Darlington county office
04-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	Appendix 2	-	Updated list of carrier codes
04-01-07	Time Restricted Supplement	-	Updated date for mandatory use of revised CMS-1500
03-01-07	5	6	Updated Barnwell county office address
03-01-07	Time Restricted Supplement	All	Removed all references to NDC quantity and unit
03-01-07	Appendix 1	-	Updated list of edit codes
02-01-07	TPL Supplement	31-32	Updated ECF Samples to show third payer line
01-01-07	3	-	Added Time Restricted Supplement

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Date	Section	Page(s)	Change
01-01-07	5	-	Added line "03" to sample ECF for the third payer declaration
01-01-07	Appendix 1	9, 14	Added Edit Codes 202, 203, 204, 301
01-01-07	Appendix 2	-	Updated list of carrier codes
11-01-06	5	-	Replaced Hospice Election Form (DHHS Form 149) with updated version
11-01-06	5	-	Updated county office addresses
10-01-06	5	-	Updated county office addresses
10-01-06	Appendix 2	-	Updated list of carrier codes
09-01-06	5	-	Updated county office addresses
09-01-06	Appendix 1	10,11,13 15,17,18 22, 23, 24 26, 27, 28 29, 30, 31 32, 35, 36 39, 40, 41 42, 46, 47 48, 49, 50 52, 58, 60 61, 62, 63 66, 67	<ul style="list-style-type: none"> <li>Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949</li> <li>Updated RARCs for edit codes 207, 208, 227, 234, 239, 263, 317, 369, 377, 421, 501, 504, 505, 507, 508, 515, 541, 545, 553, 564, 570, 672, 674, 709, 714, 719, 721, 722, 748, 749</li> <li>Updated resolutions for edit codes 761, 764, 765 768, 769, 771, 772, 773, 774</li> <li>Added new edit codes 518, 724</li> <li>Deleted edit code 777</li> </ul>
08-01-06	-	-	Added TPL Supplement
08-01-06	5	-	Updated Reasonable Effort Documentation form
07-01-06	Appendix 1	23, 60, 61	Updated resolution for edit codes 504, 923, 940

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Date	Section	Page(s)	Change
07-01-06	Appendix 2	-	Updated list of carrier codes
05-01-06	Appendix 1	52	Updated resolution for edit code 852
04-01-06	Appendix 1	43	Updated resolution for edit code 735
04-01-06	Appendix 2	-	Updated list of carrier codes
03-01-06	3	16 18 23 23 38	<ul style="list-style-type: none"> <li>Changed the Trading Partner Agreement (TPA) and the Companion Guides Web site references to <a href="http://www.dhhs.state.sc.us">www.dhhs.state.sc.us</a></li> <li>Changed the Internet Explorer version required for the Web Tool to 6.0</li> <li>Added TPL indicators to the ECF field 4 description</li> <li>Added Injury Code indicators to the ECF field 5 description</li> <li>Changed address name for refund checks (Form 205) from Division of Finance to Cash Receipts</li> </ul>
03-01-06	Appendix 1	60	Changed resolution for edit code 925
02-01-06	Appendix 1	41	Changed resolution for edit code 721
01-01-06	5	-	Updated Authorization Agreement for Electronic Funds Transfer
01-01-06	1	4, 5	Removed SILVERxCARD sample and program description
01-01-06	Appendix 2	-	Updated list of carrier codes
01-01-06	Appendix 1	67	Added edit code 935
12-01-05	Appendix 1	70	Added edit code 949
11-01-05	1	6, 7	Removed "HIPAA" from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center
11-01-05	3	6	Changed verb tense under Procedural Coding and Diagnostic Codes

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Date	Section	Page(s)	Change
11-01-05	3	13	Removed requirement for entering whole numbers for day or units in field 24G
11-01-05	3	17, 18, 32	Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool
11-01-05	3	16	Changed Web site from www.scdhhshipaa.org to www.scmemoaidprovider.org
11-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	Appendices	-	Made each appendix a separate file; moved Change Control Record out of appendices to a separate file
09-01-05	2	6-7	Added information on retroactive eligibility to reflect Medicaid Bulletin dated July 1, 2005.
09-01-05	2	26-28	Added information on hospice beneficiaries entering a nursing facility from a hospital or the community.
09-01-05	3	7	Deleted place of service code 32.
09-01-05	Appendix 2	All	Updated lists of carrier codes
09-01-05	Appendix 1	38, 64	Added edit codes 577 and 900
08-01-05	2, 3, 4, 5	-	Updated manual to reflect Medicaid Bulletin dated May 19, 2005; revised sample CMS-1500 to show new procedure code.
08-01-05	Appendix 1	62	Added edit code 868
07-01-05	3	2, 9, 10 17, 18, 27 28	<ul style="list-style-type: none"> <li>Added description of new Web Tool features</li> <li>Removed instruction to attach EOB to paper claims</li> <li>Change MIVS zip code to 29211-9804 (from 29201)</li> </ul>
07-01-05	Appendix 2	All	Updated lists of carrier codes

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<b>Date</b>	<b>Section</b>	<b>Page(s)</b>	<b>Change</b>
03-02-05	5	10, 11	Changed incorrect area codes for county offices in Saluda and Union to 864.
03-01-05	Appendices	All	Added new edit codes and changed some resolutions.
02-11-05	5	4	Updated manual ordering information under Web Address header